

WS # _____
CARL # _____

Lewis County Environmental Services
2025 N.E. Kresky Ave. Chehalis, WA 98532-2626 Permit Specialist _____
(360) 740-1146
(800) 562-6130 x 1146

Well Site Inspection Form

This section to be completed by applicant:

A well site approval is effective for 2 years.

Water system/Applicant: _____ Date Received: _____

Location/Site Address: _____

Short Plat/Long Plat#: _____

Tax Parcel #: _____ $\frac{1}{4}$ $\frac{1}{4}$ Sec. Township Range E/W

Owner Name: _____ Address: _____
Phone: _____

Land Usage Adjacent to well site: _____

This section to be completed by Lewis County Environmental Health Staff:

Group A Comm: ____ NTNC ____ TNC ____ Group B: ____ Two Party/Shared ____

WS#: _____ CARL#: _____

Date Inspected: _____ Expiration Date: _____

1. Map provided was accurate, based on your observations at the well site. Yes No N/A

2. Slope of ground within the well site is such that potential contamination due to runoff and flooding is at a minimum. Yes No N/A

Yes No N/A

Yes No N/A

Yes No N/A

Yes	No	N/A
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This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

Existing Wells:

Source: _____

Unique Well ID: _____

6. The surface seal is present and satisfactory. Yes No N/A

7. The sanitary seal is satisfactory and properly sealed Yes No N/A

8. There is a satisfactory concrete slab around the casing. Yes No N/A

9. The casing terminates at 6 to 12 inches above the floor.
(if in flood plain must be above flood level) Yes No N/A

10. Has a proper air vent and the vent is screened. Yes No N/A

11. If the well is in a pit, it's adequately constructed to prevent flooding. Yes No N/A

12. General housekeeping is satisfactory. Yes No N/A

13. The wellhead is accessible for maintenance. Yes No N/A

Diagrams courtesy of USEPA and USGS:

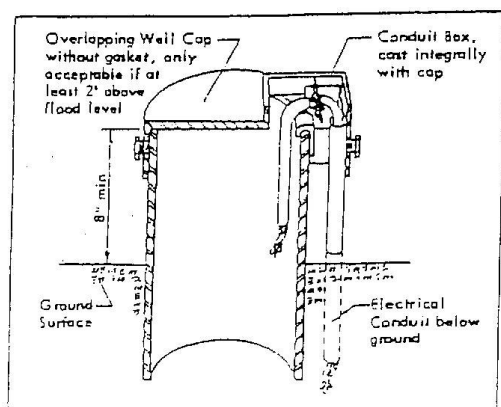


Fig 5. Overlapping well cap with skirted sides. Electric connection for submersible pump.

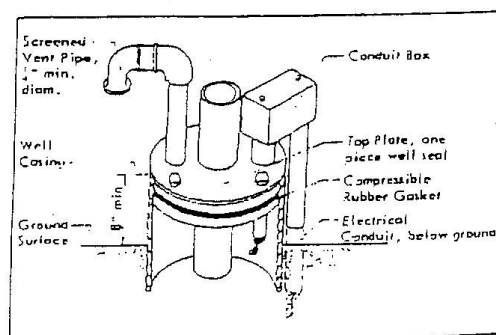


Fig 6. Well seal with compressible rubber gasket.

General:

14. Well site is legally protected against contamination by covenants. Yes No
15. A source meter is installed. Yes No N/A

In your opinion, overall, is the well and/or well site:

_____ Satisfactory

_____ Satisfactory, with correctable deficiencies

_____ Not satisfactory

Sanitarian: _____

Date: _____

Comments:

☐ **Two Party Well:** The shared well can be approved upon satisfactory completion of the rest of the requirements of the shared well policy.

☐ **Grp B/A:** Approval of a well site or preliminary plat does not constitute or imply approval of the proposed water system. Approval of the water system is contingent upon the water system construction and management plan meeting rules and regulations of the State of Washington.
